

STATE OF RHODE ISLAND

Bd. of Registration for Professional Engineers

1 Capitol Hill, 3rd. Floor
Providence, RI 02908
(401) 222-2565 Fax: (401) 222-5744
www.bdp.state.ri.us

IMPORTANT INFORMATION

EFFECTIVE 9/1/03.....

only complete application packages will be accepted in this office.

All required documentation must be in sealed envelopes and must be submitted with the application and fee. Incomplete packages will not be processed and will be returned to the applicant.

APPLICATION FEE: \$100.00

No. _____

IMPORTANT – Do not fill out application until you read and understand this form and the enclosed “Instruction Sheet”.

RHODE ISLAND
STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
1 CAPITOL HILL, 3RD FLOOR, PROVIDENCE, R.I. 02908-5860
(401-222-2565) (401-222-5744 Fax)

Application for Registration to Practice
Professional Engineering

1. GENERAL INFORMATION

Social Security # _____

Date _____, 20____

Name in Full _____

Last

First

M _____

Residence Address _____ ☐ *

Name of Employer _____

Business Address _____ ☐ *

* Please Check Box for Preferred Mailing Address

Present Position _____

Date of Birth _____ Citizenship _____

Legal Resident of what State _____

When did you become a Resident? _____

What Section of RI G.L. 5-8-11 are you applying under _____

In what branch(s) of engineering are you proficient? _____

Have you previously applied or held registration in RI? Yes _____ No _____

Give names, addresses, and zip codes of five or more references, not relatives, not business partners, **not members of the Board, not also given under Section 5**, not less than three of whom are registered engineers having personal knowledge of your character and professional reputation.

Name**Address****Position****Registration Number**

1.

2.

3.

4.

5.

2. MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTES

(Professional or Scientific)

Name of Organization**Grade of Membership****Date**

--	--	--

3. PREVIOUS REGISTRATIONS

Name of State _____

Year _____

Registered _____

and

Cert. # _____

How Registered (written or oral examination,
record only, “grandfather clause”, reciprocity, etc.)

Classification _____

Active or

Lapsed

Have you taken an E.I. T. test? If so, give name of state, year and certificate # _____

Have you ever had registrations refused in any state? _____ If so attach statement giving full particulars.

Have you ever had disciplinary action taken in any state? _____ If so attach statement giving full particulars.

IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF A CHANGE OF ADDRESS

Rev. 10/03

Attach in this space unmounted
recognizable recent photograph
with face not less than _ inches
wide.

Photograph taken more than six
months prior to filing application
is not acceptable. **Professional
passport type required.**

Do not use staples when
attaching photograph. Paste or
cellophane tape may be used.

**AFFIX SIGNATURE ON
PHOTO AT THE BOTTOM.**

4. EDUCATION

(State in chronological order the name and location of each high or preparatory school, college, university, or technical school attended, the time spent at each and if a graduate, the year of graduation. If not an Engineering graduate, outline nature and extent of studies.) **SCHOOLS WITHOUT COMPLETE ADDRESSES AND ZIP CODES WILL RESULT IN THE RETURN OF THE APPLICATION.**

	Complete School Name and Address	Years From – To	Date Graduated (month & year)	Engineering Curriculum	Degree Received

5. PROFESSIONAL EXPERIENCE

(IMPORTANT – READ ALL INSTRUCTIONS IN THIS SECTION BEFORE FILLING OUT FORM)

- Each of the five columns under "Time" should be filled out for each engagement. Use Zeros where necessary, but do not leave blank spaces and do not use the word "yes".
- The time "In Sub-Professional Work" plus the time "In Professional Work" must equal the time entered under "Total Time". Columns 2 and 3 must equal Column 1.
- If any of the time given as "In Professional Work" has been "In Responsible Charge" or also "In Design", enter the portion of the time thus spent in the proper column.
- If the same period of time is spent in "Responsible Charge" and also "In Design", it should be entered in both columns (4) and (5).

APPLICANT MUST FILL OUT ALL COLUMNS[illegible]

			Summary (Actual Time) Total						
			PLEASE DO NOT FILL IN Summary (Rated Years of Active Practice)						

SUB-PROFESSIONAL WORK is to cover the time spent as Recorder, Draftsman, Superintendent of Construction or Clerk of the works; or similar work; and also time spent as inspector when working under direct supervision or on work where the personal responsibility and technical knowledge required are small; that is, minor positions in which the responsibility is slight and the individual performance of a task, set and supervised by a superior, is all that is required. It shall also include time during which he/she has been occupied in engineering work before the applicant is 21 years of age, except as modified by statement in regard to education in the definition of Professional Work.

PROFESSIONAL WORK shall include the time after the applicant is 21 years old, during which he has been occupied in engineering work of higher grade and responsibility than that above defined as Sub-Professional Work. Time spent in teaching of Engineering subsequent to graduation shall be listed as Professional Work. Education shall be considered as Professional Work. No more than four years of active practice shall be credited because of educational qualifications.

RESPONSIBLE CHARGE OF WORK means:

a. In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon him, where he/she had to decide questions of methods of execution and suitability of materials, without relying upon advice or instructions from his/her next superiors, and of supplying deficiencies in plans or correcting errors in design without first referring them to higher authority for approval, except in cases where such approval is a mere matter of form.

b. In the office, the applicant must have had to undertake investigations or carry out important assignments, demanding resourcefulness and originality, or to make plans, write specifications, and direct drafting and computations for designs of engineering work, with only rough sketches, general information and field measurements for reference and guidance.

c. In teaching, the applicant must have taught in an engineering school of ABET standing, upon an approved curricula, and must have had, at least, a grade of assistant professor, or its equivalent.

DESIGN means all that is given above as responsible charge of work in the office and more. One qualified to design must be able in the case of any desired piece of engineering, to meet the exigencies of the case, to fulfill the requirements of local circumstances and conditions, and yet not violate any of the canons of engineering. His/her plan, when executed, must successfully answer the purpose for which it was designed.

6. AFFIDAVIT

STATE OF _____

SS

County of _____

_____ being first duly sworn, deposes and says:
I am the Applicant named in this application, have read the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Subscribed and sworn to before me this

_____ day of _____

, 20____

(SEAL)

My Commission expires _____

(Signature of Applicant)

(Notary Public)

(This space not to be used by Applicant)

RECORD OF BOARD

Check No. _____

Date _____

Name of Applicant _____ Amount of fee paid \$ _____

Considered by Board _____ Action of Board _____

Personal interview held _____ Date _____

Date of Registration _____ Number _____

Certificate mailed _____ Discipline _____

Examination given: Engineering Fundamentals Date _____ State _____ Score _____

Date _____ State _____ Score _____

Date _____ State _____ Score _____

Date _____ State _____ Score _____

Professional Engineering Date _____ State _____ Score _____

Date _____ State _____ Score _____

Date _____ State _____ Score _____

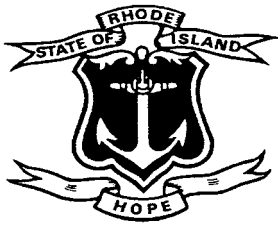
Date _____ State _____ Score _____

Exam Reviewed By: _____

Date _____

Secretary Notes

Date Application Received



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INSTRUCTION SHEET

APPLICATION FEE - the application fee for **PROFESSIONAL ENGINEER** shall be one hundred dollars (\$100.) made payable to: General Treasurer, State of RI, and shall accompany the complete application package. **This fee is non-refundable.**

APPLICATION - **Applicant must submit a complete application package.** All required forms and documentation must be in sealed envelopes and attached to the application. Provide reference and verification forms with a stamped self-addressed envelope. It is imperative that all information requested on the application be completed and the photograph affixed and signed. Application and/or documentation received, which are not in sealed envelopes or are incomplete will not be reviewed or considered by the Board and **the entire application package** will be returned to the applicant.

APPLICATION DEADLINE DATE FOR EXAM - Application and all required documentation must be received or postmarked by **January 1** for the April examination and by **August 1** for the October examination. Applications received after these dates will be considered for the following test administration.

I. GENERAL INFORMATION

A. Complete all personal information. Be sure to affix your signature across your photo.

B. General Reference Form: **The information on this form pertains to the applicant.** On the application, list five (5) people, who can be used as references, not less than three (3) of whom are registered engineers and are not relatives, business partners, members of the Board. Indicate their addresses, present positions and registration numbers in the space provide. **Individuals listed in this section cannot again be listed under Section 5.**

NCEES RECORD:

Applicants applying for registration by Comity **and** submitting an NCEES record need to insert the following statement in Section 1: "NCEES record being sent". **Complete in full sections 1– 6 of the application and the supplemental information form. Reference and verification forms are not needed with a NCEES record.** It is the responsibility of the applicant to request transmittal of his/her record directly to the Board.

II. MEMBERSHIP IN SOCIETIES, ETC.

A. Self-explanatory.

III. REGISTRATIONS

A. The information requested in this section relates to the state in which you were originally registered by exam as a engineer-in-training and/or professional engineer. Complete all categories.

B. You must send a Verification of Registration form to the state where you were originally registered by engineer-in-training and/or professional engineer exam. You are responsible for any verification fees. Contact the appropriate state board for verification fees. The Verification of Registration form can be sent directly to this Board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.

C. Answer the remaining questions regarding your E.I.T. and information regarding any disciplinary action.

D. Supplemental Information Form - Complete in full and return.
(Over)

INSTRUCTION SHEET (cont'd.)

IV. EDUCATION

A. Rhode Island law requires a four (4) year Bachelor of Science undergraduate degree in engineering for registration.

B. You must send a Verification of Education form to the appropriate university if in the United States. The Verification of Education form can be sent directly to this Board or to the applicant in a sealed envelope. The applicant must send in the sealed envelope with their application.

C. If degree is received from a foreign institution, the applicant must have his/her education evaluated through Engineering Credentials Evaluation International (ECEI), 111 Market Place, #171, Baltimore, MD 21202, Telephone: 410-843-7171, Fax: 410-843-7186, E-mail: mzhou@abet.org Website Address: <http://www.ecei.org>.

V. PROFESSIONAL EXPERIENCE

A. Begin with your present position.

B. Number each engagement.

C. List "from and to" dates in months and years.

D. Please note: The Board only recognizes experience obtained **after** receipt of a Bachelor of Science degree in Engineering.

E. Fill in title of position, name of employer and a **detailed** description of duties and responsibilities, **not projects**. If this description does not fit in the block provided on the application, an attachment must be submitted accordingly. **This information must also be inserted on the Verification of Professional Experience forms.** Each engagement requires a **separate Verification of Professional Experience form**.

F. Indicate the name and address of the individual familiar with each engagement who will be responsible for completing the Verification of Professional Experience form.

G. Time columns are to be broken down into five (5) sections as indicated on the application. Definitions of each column are given at the bottom of Section 5 on the application. Complete all five (5) columns at the bottom of this section. **Do not leave blank columns.**

H. You must complete the summary (actual time) total for all five (5) columns at the bottom of this section. **Do not leave blank columns.**

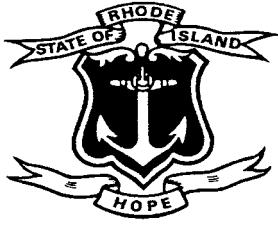
VI. AFFIDAVIT

A. This section must be completed in the presence of a Notary Public.

CHECKLIST...Please verify that the following are included in your application.

- | | |
|---|--|
| <input type="checkbox"/> Check for \$100. payable to: Treasurer, State of RI. | <input type="checkbox"/> Verification of Education in a sealed envelope . |
| <input type="checkbox"/> All information in Section 1 is completed in full. | <input type="checkbox"/> Five (5) General reference forms in sealed envelopes . |
| <input type="checkbox"/> Signature on your affixed photograph. | <input type="checkbox"/> Verification of Professional Experience forms in sealed envelopes . |
| <input type="checkbox"/> Supplemental Information form is included. | <input type="checkbox"/> Verification of Registration from the state board of initial registration in a sealed envelope . |
| <input type="checkbox"/> Affidavit is completed and notarized. | |

KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS.



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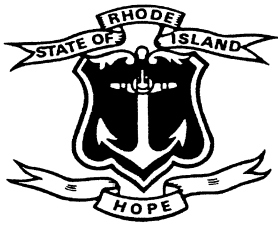
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STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

RULES OF THE BOARD **IV- EXAMINATIONS (2.)**

SUBJECT: Board Policy on the number of times an applicant may be allowed to take the Fundamentals of Engineering (FE) or Professional Engineer (PE) exams.

1. That a qualified applicant will be allowed to take the FE or PE exam a total of three (3) times. This would be an aggregate total regardless of where the exam was taken.
2. An applicant who has failed three (3) times, may request permission to take the exam for a fourth and final time, if:
 - a) Their score on their last attempt was a minimum of sixty (60) and
 - b) They agree to take and complete an appropriate review course or graduate courses in areas of their deficiency and submit written proof to the Board of having successfully completed such course or courses.
3. An applicant who fails the FE or PE exam a total of four (4) times, regardless of where or when the exam was taken, shall not be allowed to take the exam in Rhode Island, nor be granted a registration by reciprocity or comity should they pass it at a future date in a different state or jurisdiction.
4. An applicant who does not properly inform the Board of previous attempts to pass the exam in another state or jurisdiction, if such information comes to the Board's attention, shall be barred from taking any more exams in Rhode Island or shall have any license gained in Rhode Island revoked.
5. If an applicant obtains an additional engineering degree from an ABET accredited school then the Board may grant relief from these provisions for good cause shown.



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SUPPLEMENTAL INFORMATION FORM

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF ENGINEERING (EIT)** EXAMINATION AND **THE PRINCIPLES & PRACTICE (PE)** EXAMINATION.

APPLICANT'S NAME & ADDRESS

COMPLETE ALL INFORMATION REQUESTED BELOW.

EXAM	DATE	STATE	RESULTS	
			Pass	Fail

Please fill in the following:

I have taken the Fundamentals of Engineering Exam (**EIT**) a total of _____ times.

I have taken the Professional Engineer Exam (**PE**) a total of _____ times.

I am the applicant named in this application and to the best of my knowledge and belief; the above foregoing statements are true and correct in every respect.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



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GENERAL REFERENCE FORM

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

1. GENERAL INFORMATION

<u>PRESENT POSITION OF APPLICANT</u>	<u>NUMBER OF YEARS KNOWN</u>	<u>NUMBER OF YEARS ENGAGED IN ACTIVE ENGINEERING</u>	<u>NUMBER OF YEARS IN RESPONSIBLE CHARGE OF ENGINEERING WORK</u>	<u>NUMBER OF YEARS ENGAGED IN DESIGN OF ENGINEERING WORK</u>

Applicant's character and personal reputation are _____

In your opinion is the applicant competent to be placed in responsible charge of important engineering work? _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

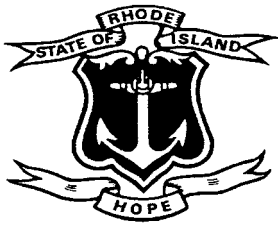
TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____

Are you a Registered Professional Engineer? _____ Yes _____ No



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VERIFICATION OF REGISTRATION

STATE BOARD NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____

Date of Birth: _____

I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

		<u>Certificate No.</u>	<u>Date Issued</u>	<u>Valid until</u>
ENGINEER IN TRAINING	<input type="checkbox"/> FE	_____	_____	_____
PROFESSIONAL ENGINEER	<input type="checkbox"/> PE	_____	_____	_____

II. BASIS OF REGISTRATION:

<input type="checkbox"/> 1. WRITTEN EXAMINATION	<u>Hours</u>	<u>Score</u>	<u>Waived</u>	<u>Exam Date</u>	<u>NCEES</u>
Fundamentals of Engineering (FE)	_____	_____	_____	_____	_____
Principles & Practice of Engineering (PE)	_____	_____	_____	_____	_____

EXAM DISCIPLINE: _____ **If your state does not license by discipline please check here** _____.

☐ 2. ORAL EXAMINATION: FE Hours: _____ PE Hours: _____

☐ 3. E.I.T. ACCEPTED FROM: _____

☐ 4. P.E. ACCEPTED FROM: _____

☐ 5. EDUCATION AND EXPERIENCE: If less than 8 years experience including graduation from ECPDD engineering curriculum, please check here _____ and give details on the other side.

☐ 6. OTHER: Please give full details on the other side.

III. QUESTIONS:

	<u>Yes</u>	<u>No</u>
1. Has any disciplinary action ever been taken against the applicant?	_____	_____
2. If so, has this disciplinary case been satisfied to the Board's requirements?	_____	_____

If not, give details. _____

IV. _____ PLEASE SEE OTHER SIDE FOR FURTHER EXPLANATION OR COMMENTS.

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF PROFESSIONAL EXPERIENCE

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the requested information below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

5. PROFESSIONAL EXPERIENCE

<u>DATES</u> <u>FROM</u> <u>TO</u>	<u>NAME OF EMPLOYER</u>	<u>SUB-PROFESSIONAL</u> <u>WORK</u> (YRS.)	<u>PROFESSIONAL</u> <u>WORK</u> (YRS.)	<u>RESPONSIBLE</u> <u>CHARGE</u> (YRS.)	<u>DESIGN</u> (YRS./MONTHS)

List position and a brief description of duties and responsibilities: _____

In your opinion is the applicant qualified to have responsible charge of important engineering work? _____

In your opinion is the applicant qualified to design engineering work? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

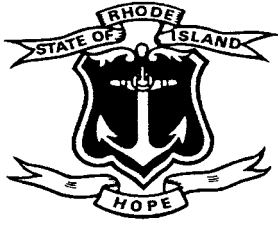
AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF EDUCATION

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____

Date of Birth: _____

The above listed individual has filed an application for a certificate of qualification as a Professional Engineer with this Board. Please complete the information requested in the sections below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information secured from references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

The Rhode Island State Board of Registration for Professional Engineers requires that the specific "Type of Degree(s) Received" be filled in by the Registrar's Office. (i.e., B.S. in Civil Engineering)

4. EDUCATION

<u>FROM</u>	<u>YEARS</u> <u>TO</u>	<u>DATE GRADUATED</u>	<u>TYPE OF DEGREE RECEIVED</u>

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF PROFESSIONAL EXPERIENCE

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5. PROFESSIONAL EXPERIENCE

<u>DATES</u> <u>FROM</u> <u>TO</u>	<u>NAME OF EMPLOYER</u>	<u>SUB-PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>RESPONSIBLE</u> <u>CHARGE</u> <u>(YRS.)</u>	<u>DESIGN</u> <u>(YRS./MONTHS)</u>

List position and a brief description of duties and responsibilities: _____

In your opinion is the applicant qualified to have responsible charge of important engineering work? _____

In your opinion is the applicant qualified to design engineering work? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____